

**SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES
TANF PAYMENT AUTHORIZATION FORM**

Applicant Information	
Name:	
Address:	
City:	State/Zip:
Daytime Telephone Number:	
Social Security Number:	Date of Birth:

Please select from the available options:	
<input type="checkbox"/> Option 1: Direct Deposit (effective as soon as the initial deposit is processed by the TANF office)	
<i>By selecting the box above, you acknowledge the following: I authorize the Department of Social Services to credit my TANF payments to the account listed below, and if necessary, reverse any incorrect credit entries made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers.</i>	
Bank Name:	
Address:	
City:	State/Zip:
Telephone Number (if known):	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Remember to attach a voided check or copy of check to this form, or a letter from your financial institution including your account and routing number. Do not attach a deposit slip; the routing number is not always correct.	

<input type="checkbox"/> Option 2: U.S. Bank ReliaCard (effective June 2012)
<i>No other action is required at this time. Simply fill out the Applicant Information section at the top of the page and return it to the Division of Economic Assistance – TANF Program. Your new card will arrive in the mail the week of May 21st in a plain, white envelope with a Fargo, ND return address. Please ensure that the TANF Program has your current mailing address.</i>
NOTE: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Signature: _____ Date: _____

Mail completed form to:
Division of Economic Assistance
TANF Program
700 Governors Drive
Pierre, SD 57501-2291